## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

(Seal)  VAL HAMSDELL  NOTARY PUBLIC SEAL SOUTH DAKOTA	My Commission Expires Jan. 17, 2017	
(Seal) VAL RAMSDELL My commission expires:		
County of Faulk	Notary Public	
State of South Dakota ) 8	Jal Ramsolell	
Canal of County The least	Sworn to before me this 25 day of Sept., 20 14	
(Signature)	(Title)	
- Jun mary	Publisher	
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public I swear that the statements made by me are true, correct, and complete:		
Statement must be signed by Publisher, Business Mana	ger, or Owner in the pre	sence of a Notary Public
G.TOTAL (Sum of E, F1 and F2 – Should equal net press run	1400	1400
2. Return from News Agents		
1. Office use, left over, unaccounted, spoiled after printing	5	/
F. COPIES NOT DISTRIBUTED	F	7
E.TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1395	1393
COPIES		
2. SAMPLES, COMPLIMENTARY AND OTHER FREE		
D.FREE DISTRIBUTION  1. BY MAIL, CARRIER OR OTHER MEANS	7	7
(Sum of 9B1 and 9B2)	1300	1300
C.TOTAL PAID AND/OR REQUESTED CIRCULATION	1388	1386
2. Mail Subscription (Paid and or requested)	1195	1192
counter sales, and paid electronic copies.		
<ol> <li>Sales through dealers and carriers, street vendors,</li> </ol>	193	194
B.PAID AND/OR REQUESTED CIRCULATION	1	
A.TOTAL NO. COPIES (Net Press Run)	1400	1400
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ISSUED
PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1		
MORITZ PUBLISHING CO., INC.	117 1ST. AVE. E	AST, CLARK, SD 57225-1712
addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.  FULL NAME  COMPLETE MAILING ADDRESS		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and		
C DULL MANUE OF BUILDINGUED		
PUBLISHER (Not printers)  121 8TH AVE. S., PO BOX 68, FAULKTON, FAULK COUNTY, SD 57438-0068		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE		
(Not printers)  121 8TH AVE. S., PO BOX 68, FAULKTON, FAULK COUNTY, SD 57438-0068		
WEEKLY 52 PRICE \$ area \$37, other \$39-\$43 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)		
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLIS WEEKLY 52	ACCUSATION OF THE PROPERTY OF	ANNUAL SUBSCRIPTION
1. TITLE OF NEWSPAPER FAULK COUNTY RECORD		2. DATE 9-25-2014

Form: SOS REC 051 8/2014